Written evidence submitted by StopAids

About STOPAIDS

1. STOPAIDS is the network of UK agencies working since 1986 to secure an effective global response to HIV and AIDS. With 80 members behind us, we raise a united voice to rally and maintain the UK's leadership in the global response to HIV.

2. We endorse the submission from Action for Global Health and offer a few additional points bringing the perspective of organisations focused on HIV and AIDS.

Summary

3. We welcome this inquiry into health system strengthening (HSS). Robust health systems providing high quality, appropriate services are vital to ensure the wellbeing of individuals and communities.

4. We value DFID's historic role in prioritising global health and have applauded recent decisions to support the replenishment of *The Global Fund to Fight AIDS, TB and Malaria.* We see close connections between such investments, the wider AIDS response and HSS, and between the health and wealth of nations. Some of the lessons from the response to HIV and AIDS, and the ways in which this response has contributed to HSS are captured in the STOPAIDS paper *Positive Gains: Promoting Greater Impact on Health Through HIV and AIDS Programming.*

5. However, we are concerned by a loss of global leadership from DFID on health issues and the withdrawal from Middle-Income Countries (MICs). Vital to a resumption of global leadership by DFID on health would be the development of a strategy for global health in 2015-16. Building on previous position papers, and rooted in a theory of change, this strategy should incorporate HSS to achieve wider global health goals. Such a strategy, unlike the current position papers developed by the department, should also be clearly measurable.

Recommendations

6. The current approach taken by DFID lacks a coherent, measurable and accountable strategy for global health. As a result DFID have ceded their role as leaders, reducing their effectiveness and the transparency of their investments. We have also seen a reduction in high level political support for health. This trend should be reversed and adequate funding should be provided to ensure that DFID has the resources and staff capacity required. Vital to a resumption of global leadership by DFID on health would be the development of a strategy for global health in 2015-16. Building on previous position papers, and rooted in a theory of change, this strategy should incorporate HSS to achieve wider global health goals.

7. The emerging Post 2015 development agenda emphasis on ensuring that no-one is left behind is an opportunity for DFID to challenge inequality and ensure human rights are upheld. We urge the UK government to promote an outcomes focussed health goal in the emerging framework.

We also urge the UK government to promote targets to ensure that the most marginalised in society are able to access high quality health services free from stigma, discrimination and financial barriers. Data to track progress must be disaggregated across the full range of social groups. We are concerned that disaggregation by ethnicity was omitted from the narrative of the report by the High Level Panel. DFID must advocate strongly for this to be specified as a distinct category otherwise many of the most marginalised risk further exclusion. A coherent strategy for global health, including HSS, would complement these efforts and should also tackle the social determinants of health.

8. DFID should embrace the lessons that can be learnt from the response to HIV and AIDS, which has been one of the most successful and innovate of recent global movements, with the potential to champion a more integrated and collaborative response to global public health issues. Some of these lessons are summarised in our paper *Positive Gains: Promoting Greater Impact on Health Through HIV and AIDS Programming* and include: the role of communities as 'critical enablers' in the response; the gains in access to vital health services and medicines; improvements in the quality of care; and efforts taken to tackle stigma and criminalisation.

9. Many health systems rely on unpaid and untrained volunteers to provide services. DFID could benefit from being much stronger on the role the community plays alongside formal health systems in ensuring the effectiveness of the response and commit to build and strengthen the links between them, drawing on, for example, the finding from the World Bank study, funded by DFID, *Evaluating the Community Response to HIV and AIDS*. The findings of this evaluation could be used to help define and target how DFID works to build the capacity of community-based organisations to respond effectively to HIV and other health issues, and including faith based organisations (FBOs). Additionally, increased community involvement in the development of health strategies has been shown to lead to increased ownership which in turn leads to improved results.

10. Recognising the added value UNITAID brings to improving prices and access to medicines, diagnostics and treatment, DFID has pledged to maintain their funding to UNITAID, which is a positive commitment. However, it would be helpful if DFID could define more clearly the planned actions that will support them in delivering on their promise to "encourage the pharmaceutical sector to engage with the Medicines Patent Pool to support availability of more appropriate and affordable ARVs." This extends beyond the Patent Pool to their commitment to encourage the pharmaceutical industry to play its role in supporting access to affordable medicines more generally.

11. STOPAIDS believes that DFID's work on access to medicines needs to be given higher priority, within the context of HSS. It was in part UK leadership that ensured affordable supplies of generic HIV medicines. With access to second and third line drugs increasingly important, and barriers to accessing them now higher than they have ever been, DFID need to champion progressive approaches to access and innovation. We need the UK to be vocal and visible in the debates around the Medicines Patent Pool, the EU-India FTA, the follow up from the R&D convention, and the TRIPS extension for LDCs where recently their voice has been absent.

12. We note that the majority of poor people now live in countries that are classified as middle-income. We believe that DFID should re-visit the decision to end support in middle-income countries, working to ensure DFID investments in bi- and multilateral mechanisms address the heaviest burdens of disease and ill health regardless of where they are found, moving from a pure *value for money* agenda to one which focuses on the poorest and most marginalised people.

13. Revenue from national taxation is fundamental in enabling governments to fund health systems, yet in many countries revenue authorities lack capacity, meaning potential for large amounts of money to fund development is lost. Estimates from Oxfam suggest an increase in tax capacity could raise an additional 31 per cent of tax revenue across 52 countries. This would amount to $269bn in increased domestic resources. DFID should provide support to governments to strengthen their tax collection capacity. They should also look at the UK's broader role in global poverty, and champion a stronger response to issues such as tax avoidance and evasion across government.

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